MAXIMUS Federal Services

Case Number:	CM14-0163051		
Date Assigned:	10/08/2014	Date of Injury:	06/03/2011
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Psychology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this independent medical review this is a 57 year-old male patient who reported an industrial/occupational injury that occurred on May 27, 2011. The patient was injured during his work duties as a carpenter foreman. While loading tools into his truck and moving heavy scaffolding without wheels he sustained in lumbar injury. A small disc protrusion at L3-4 with facet changes at L4-5/L3-4, and retrolisthesis and instability at L1-2 was detected. Lumbar surgery was performed in February 2012 consisting of lumbar discectomy and medial branch block. Additional conservative treatments included with pain medications, lumbar brace, TENS unit, and further surgical consultations. The remainder of this IMR will focus on the psychological symptoms and treatment. A psychological report from August 2014 that reflected six treatment sessions was reviewed and reflects that the patient has been receiving ongoing psychotherapy sessions with biofeedback. Patient was tearful and crying during his initial assessment and according to the report, has developed psychological symptoms as a result of his chronic pain condition that include depression, despondency, short temper, and anxiety. Objective measures of depression and anxiety were recorded as follows: BIA equals 31, severe June 2014 and was reduced to 28, moderate August 2014. BDI-I I 46, severe June 2014 was reduced to 37, severe August 2014. Functional improvements listed as increased awareness of cognitive distortions, increased socialization, improve sleep, increased exercise, improve primary relationships, reduction in pain avoidance behaviors, reduction in symptoms of anxiety, reduction in depressive symptoms, and consideration of volunteer activities. Treatment goals are listed as establishing restorative sleep, reducing anxiety, reducing depressive symptoms, and returning to level of employability. His psychological diagnoses include the following: Pain Disorder Associated with Both Psychological Factors and a General Medical Can Edition, Major Depressive Disorder, and Psychological Factors Affecting Eight Medical Condition, Specifically

Hypertension and Headaches. Biofeedback sessions and goals of cognitive therapy treatment are provided. A similar psychological status report was found from July 1 that reflected six treatment sessions. A request for continued biofeedback sessions (quantity was not specified on the request for IMR) was made and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EXT Biofeedback: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, biofeedback Page(s): 24.

Decision rationale: According to the MTUS treatment guidelines biofeedback is not recommended as a standalone treatment but recommended as an option in the cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to determine the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a cognitive behavioral therapy treatment program where there is strong evidence of success. ODG Biofeedback guidelines state: with evidence of objective functional improvement a total of up to 6-10 visits over 5 to 6 week period of individual sessions, (after which) patients may continue biofeedback exercises at home.The treatment guidelines for biofeedback recommend 10 sessions and a 5 to 6 week period of treatment with the patient continuing to use the techniques individually at home afterwards. This request was described as: "ext biofeedback" there was no quantity of sessions requested provided. All requests for psychological treatment submitted for independent review must contain on the request the precise number of sessions being requested otherwise it is essentially authorizing unlimited sessions. The medical necessity of unlimited sessions cannot be authorized.There were several other issues that prevent the overturning of this request. As best as could be determined from the medical records that were provided, the patient's psychological treatment started on May 14, 2014 and so far to date there appears to be have been two complete blocks of six sessions that have been authorized of cognitive behavioral therapy combined with biofeedback. The treatment session appeared to continue from May through August 2014. There is no indication of additional sessions that occurred after August 2014. However the total number of sessions was not stated anywhere clearly so it is impossible to tell for certain. The issue is important because it allows determination to be made whether or not the request for additional sessions does, or does not fall into the guidelines. And if it does exceed the guidelines then the reason why an exemption should be made needs to be submitted along with the request in this case it was not. Based on the MTUS guidelines the utilization review decision was correct to not approve additional six sessions of biofeedback. There was excellent documentation that the patient benefited from prior treatments and continues to have significant psychological symptomology the guidelines state that 10 is the maximum number and he appears to have had 12 with an additional block of sessions (un-quantified) further go over the maximum without

significant justification stated why this patient's cases unique enough to warrant doing so. The guidelines further state that biofeedback is not to be used as a stand-alone treatment but in conjunction with ongoing cognitive behavioral therapy and is unclear whether or not additional cognitive behavioral therapy treatment sessions have been authorized at this juncture. The official disability guidelines do make an allowance for cases of severe psychological and psychopathological symptomology to allow for additional sessions in rare cases but there was no documentation discussing the reasons why this would be reasonable for this particular patient. In addition there was no discussion of attempts to foster home training and whether or not the patient has been able to achieve similar results from biofeedback independently that he derived from in person clinical treatment. Therefore the request is not medically necessary.